FEC FORM 2 STATEMENT OF CANDIDACY

10 AUG 18 AM 9: 53

Patricia L Murray			To Identification Number
b) Address (number and street) Check if address changed		2. Identification Number	
P.O. Box 3662			S2WA00189 3. Is This New Amended
(c) City, State and ZIP Code		98124	Statement (N) OR (A)
Seattle	5. Office Sought		strict of Candidate
Party Affiliation DEMOCRATIC PARTY	Senate	WA 00	
hereby designate the following r	DESIGNATION OF PR		
NOTE: This designation should	ld be filed with the appropriate	office listed in the instruction	ns.
(a) Name of Committee (in fu	ii)		
People for Patty Murray			
(b) Address (number and stre	eet)		
P.O. Box 3662			
(c) City, State and ZIP Code	Э		
Seattle	WA	98124	
I hereby authorize the following r	DESIGNATION OF OT	THER AUTHORIZED (Joint Fundraising Represent	
I hereby authorize the following recandidacy. NOTE:This designation shou	DESIGNATION OF OT (Including continued committee, which is NOT	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm	tatives)
I hereby authorize the following r candidacy.	DESIGNATION OF OT (Including continued committee, which is NOT	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm	tatives)
I hereby authorize the following recandidacy. NOTE:This designation shou	DESIGNATION OF OT (Including continued committee, which is NOT	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm	tatives)
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I hereby authorize the following reandidacy. NOTE:This designation should also the following reandidacy. (a) Name of Committee (in fundamental following victory 2010)	DESIGNATION OF OT (Including continued committee, which is NOT) uld be filled with the principal can	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm	tatives)
I hereby authorize the following reandidacy. NOTE:This designation shows the committee (in fundamental form) to the committee (in fund	DESIGNATION OF OT (Including continued committee, which is NOT) uld be filled with the principal callull) reet) Suite 590	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm	tatives)
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I hereby authorize the following reandidacy. NOTE:This designation should be a committee (in fundamental formulation) (a) Name of Committee (in fundamental formulation) (b) Address (number and structure) (c) City, State and ZIP Code Washington	DESIGNATION OF OT (Including continued committee, which is NOT) uld be filled with the principal callull) reet) Suite 590	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm mpaign committee.	tatives)
I hereby authorize the following reandidacy. NOTE:This designation should also a should be shou	DESIGNATION OF OT (Including continued committee, which is NOT) uld be filled with the principal callull) reet) Suite 590	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm mpaign committee.	tatives) iittee, to receive and expend funds on behalf of my
I hereby authorize the following reandidacy. NOTE:This designation should also with the committee (in fundamental following to the control of the control o	DESIGNATION OF OT (Including continued committee, which is NOT) uld be filled with the principal callull) reet) Suite 590	THER AUTHORIZED (Joint Fundraising Represent my principal campaign comm mpaign committee.	tatives) nittee, to receive and expend funds on behalf of my dge and belief it is true, correct, and complete.
I hereby authorize the following reandidacy. NOTE:This designation should also a committee (in fundamental following processing following processing following follow	DESIGNATION OF OT (Including some state of the principal can be seen to be s	THER AUTHORIZED (Joint Fundraising Represent my principal campaign communities.)	tatives) nittee, to receive and expend funds on behalf of my dge and belief it is true, correct, and complete. Date 08/16/2010
I hereby authorize the following reandidacy. NOTE:This designation should be a committee (in fundamental fundamen	DESIGNATION OF OT (Including some state of the principal can be seen to be s	THER AUTHORIZED (Joint Fundraising Represent my principal campaign communities.)	tatives) nittee, to receive and expend funds on behalf of my dge and belief it is true, correct, and complete.

FEC Form 2 (Rev. 02/2003)

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DES	GNATION OF OTHER AUTHORIZED COMN (Including Joint Fundraising Representatives)	AITTEES [ADDITIONAL]
I hereby authorize the following named com- candidacy.	mittee, which is NOT my principal campaign committee, to rec	ceive and expend funds on behalf of my
NOTE:This designation should be file	d with the principal campaign committee.	
(a) Name of Committee (in full)		
Women Senate 2010		
(b) Address (number and street)		
426 C Street NE		
(c) City, State and ZIP Code		
Washington DC	20002	
DES	IGNATION OF OTHER AUTHORIZED COMM (Including Joint Fundraising Representatives)	MITTEES [ADDITIONAL]
I hereby authorize the following named con candidacy.	mittee, which is NOT my principal campaign committee, to rec	ceive and expend funds on behalf of my
NOTE:This designation should be fi	ed with the principal campaign committee.	
(a) Name of Committee (in full)		
2010 Women's Senate Fund		
(b) Address (number and street)		
426 C Street NE		
(c) City, State and ZIP Code		
Washington DC	20002	

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